OIPE CO.

Attor TECHINENTER of 600/2924004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

,								
In re Patent Application of			Mail Stop: AF					
Colin Leslie YOUNG			Group Art Unit: 1616					
Application No.: 09/762,585			Examiner: John D. Pak					
Filed: I	February 9, 2001)	Confirmation No.: 5719					
For: l	: MOLLUSC-REPELLENT)							
	AMENDMENT/REPLY	TRA	NSMITTAL LETTER					
P.O. Bo	sioner for Patents x 1450 ria, VA 22313-1450							
Sir:								
Enc	closed is a reply for the above-identified	l paten	t application.					
[]	A Petition for Extension of Time is also enclosed.							
[]	[] A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.							
[]	Also enclosed is/are							
[]	Small entity status is hereby claimed.							
[]	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	[] Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	[] Applicant(s) previously submitted, on, for which continued examination is requested.							
	does not exceed three months fr	om the	tion by the Office until at least, which e filing of this RCE, in accordance with the under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.							

(05/03)

Amendment/Reply Transmittal Letter Application No. 09/762,585 Attorney's Docket No. 032642-004 Page 2

[X] No additional claim fee is required.

[] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIM	S the state of the	and the second
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Add'l Fee
Total Claims	42	MINUS 48 =	0	× \$18.00 (1202) =	0.00
Independent Claims	3	MINUS 3 =	0	× \$84.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Claim Amendment Fee					
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					

[]	A total fee in the ar	nount of \$	is enclosed.
[]	Charge \$	_to Deposit Account N	To. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: <u>July 28, 2003</u>

By: Deborah H. Yellin

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